

# MISSOURI GAMING COMMISSION



## KEY PERSON AND LEVEL 1 APPLICATION

**You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application and/or criminal charges being filed against you. Any statement that is not true or not disclosed which becomes known at any later date is cause for revocation of your occupational license.**

Note that the Commission notwithstanding the provisions of section 610.110 RSMo. has access to both closed and open records pursuant to section 313.004 RSMo.  
Please answer all the questions fully and thoroughly.

## **APPLICATION INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

### **I. COMPLETING THIS FORM:**

- a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application and/or criminal charges being filed against you.
- b. Any statement that is not true or not disclosed and which becomes known at any later date is cause for revocation of your occupational gaming license. Notwithstanding the provisions under 610.110 RSMo, the Commission has access to both open and closed records as provided under 313.004 RSMo. Please be thorough and complete in response to these questions.

**Prohibited acts, penalties—commission to refer violations to attorney general and prosecuting attorney—venue for actions.**

313.830.4. A person commits a class D felony and, in addition, shall be barred for life from excursion gambling boats under the jurisdiction of the commission, if the person:

(15) Knowingly makes a false statement of any material fact to the commission, its agents or employees.

- c. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- d. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your application is not legible, it will not be accepted.
- e. You must use **blue ink** to personally initial and date in the space provided on the bottom of each page of the form.
- f. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. The blank page on page 68 may be used to provide this additional information. You must use blue ink to personally initial and date your application at the bottom of each of these attachment pages.
- g. If you make any modification to the pre-printed questions or information contained in this form, your application will be rejected. Once your application is accepted, it becomes the property of the Missouri Gaming Commission and will not be returned.

## **IMPORTANT NOTICES**

**Persons submitting this form are required to be fingerprinted. You will be informed as to where you will be fingerprinted when you file this form. This form will not be processed until fingerprints are provided.**

**You may be required to provide additional information or submit additional forms.**

**You must immediately notify the Missouri Gaming Commission of any changes in the information submitted in this form and related materials.**

**II. BE SURE TO:**

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 8.
- b. Sign the Verification form on page 54 in the presence of a notary public, justice of the peace, or commissioner for declarations or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials and the date on the bottom of each page of this form in the space provided and on any attachment pages.
- d. Send one original and two copies of the completed application and all required attachments.

**III. BEFORE YOU SUBMIT THIS FORM TO THE MISSOURI GAMING COMMISSION, BE SURE THAT:**

- a. You have reviewed the Missouri Gaming Commission's filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Verification form is notarized on the original application.
- d. Every question has been answered completely.
- e. You retain a completed copy of your application package for your own records.

**IV. TIPS FOR COMPLETING THIS FORM:**

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Keep an unsigned copy of your completed application. Should you need to file with another jurisdiction at some point in the future, you can then update the information rather than complete the form all over again.
- c. Be sure to use **blue ink** where you sign, initial, date and identify the gaming agency where you are filing your application. Using **blue ink** will make it clear that your application is to be considered an original and not a photocopy.

**V. Please submit this form to:**

**Records Administrator  
Missouri Gaming Commission  
3417 Knipp Drive  
P.O. Box 1847  
Jefferson City, MO 65102**

Unless the Key and Level 1 application is filed as part of a Class A License Application, a one-time nonrefundable application fee shall be fifteen thousand dollars (\$15,000) for a Key and one thousand dollars (\$1000) for a Level 1. If you are found suitable for licensing, the Missouri Gaming Commission will issue a license, which will enable you to perform any activity included within your level of Occupational License and any lower level of Occupational License. A fifty-dollar (\$50) license fee will be billed to your company and your license must be renewed annually.

Initials\_\_\_\_\_ Date\_\_\_\_\_

## **Definitions**

For the purposes of this application, the following terms shall have the following meanings:

**Applicant:** Any individual or business entity that directly or indirectly has applied for a license.

**Application:** The total written materials, including the instructions, forms and other documents issued by the commission, comprising the applicant's request for a license.

**Attributed:** Any direct or indirect interest in a business entity deemed to be held by an individual not through his/her actual holdings, but through holdings of his/her immediate family.

**Best of Knowledge:** The applicant's knowledge after substantial injury.

**Business Entity:** A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship or other form of business.

**Compensation:** Anything of value, including salary, wages, commission, tips, gratuities, fees, bonuses, and distribution from (S) corporations, in any form including cash, securities, real property, and tangible and intangible personal property.

**Contingent liability:** Any obligation, indebtedness or claim, the amount of which cannot be definitely ascertained until the occurrence or nonoccurrence of some future event.

**Control:** The power to exercise authority over or direct the management and policies of an individual or business entity.

**Debt instrument:** Any bond, loan, mortgage, trust deed, note, debenture, subordination, guaranty, letter of credit, surety agreement, pledge, chattel mortgage or other form of indebtedness.

**Dependent:** Any individual who received over half of his/her support in a calendar year from any other individual.

**Dependent children:** A son, daughter, or descendent of wither, whether by marriage, adoption or natural relationship, over half of whose support for the calendar year was received from the individual.

**Dock:** The locations where a riverboat moors for the purpose of embarking passengers for and disembarking passengers from an excursion.

**FEIN:** Federal Employer Identification Number.

**Felony:** A criminal offense for which a sentence of imprisonment for one year or more may be imposed under the law of jurisdiction.

**Financial statement:** Any balance sheet, income statement, profit and loss statement, statement of cash flow, and sources and uses of funds statement.

**Game:** Any banking, wagering, gaming or percentage game or activity, including those played with cards, chips, tokens, dice implements, devices or any electronic electrical, mechanical device or machine, which is played for money, property, or anything of value, included without limitation, baccarat, twenty-one, poker, crabs slot machines, video game of chance, roulette, Klondike table, punchboard, faro layout, keno layout, numbers ticket, bingo, push card, jar ticket, pull tab, horse racing, dog racing, and jai alai.

**Gaming operations manager:** The individual or business entity that has the ultimate responsibility to manage, direct or administer the gaming operation on a riverboat.

**Immediate family:** Spouse (other than a spouse who is legally separated from the individual under a decree of divorce or separate maintenance), parents, grandparents, children, grandchildren, whether by the whole or half blood, marriage, adoption, or natural relationship.

**Indirect:** Any interest in a business entity that is deemed to be held by the holder, not through the holder's actual holdings in the business entity, but through the holder's holdings in other business entities.

**Individual:** Any natural person.

**Key Person:**

1. An officer, director, trustee, or managing agent, or general manager of an applicant or license or of a business entity key person of any applicant or licensee;
2. a holder of any direct or indirect legal or beneficial publicly traded interest whose combined direct, indirect or attributed publicly traded interest is five percent (5%) or more in an applicant or licensee or in a business entity key person of an applicant or licensee;
3. a holder of any direct or indirect legal beneficial privately held interest in an applicant or licensee or in a business entity key person of a applicant or licensee;
4. a holder of any direct or indirect legal or beneficial interest in applicant or licensee or in a business entity key person of an applicant of the licensee if the interest was required to be issued under agreement with or authority of a government entity;
5. an owner of excursion gambling boat, and
6. anyone so designated by the commission or director.

**Nominee:** Any individual or business entity that holds as owner of record that legal title to tangible or intangible personal or real property, including without limitation any stock, bond, debenture, note, investment contract or real estate on behalf of another individual or business entity, and as such is designated and authorized to act on his/her/its behalf with respect to such property.

**Public official:** An individual who is elected to office pursuant to Missouri statute, or who is appointed to an office which is established under and the qualifications and duties of which are prescribed by Missouri statute to discharge a public duty for the state or any of its political subdivisions.

**Registered agent:** Any individual or business entity against whom service of process may be made on behalf of any business entity or that is designated as such by any articles of incorporation or other corporate filings in any state.

**Substantial creditor:** The holder of any debt instrument of whatever character, against an individual or business entity, whether secured or unsecured, matured or unmatured, liquidated or unliquidated, absolute, fixed or contingent, the aggregate amount of which is fifty thousand (\$50,000) or more.

**Support facility:** A place of business which is part of or operates in connection with a riverboat gaming operation, including without limitation, riverboats, offices, docking facilities, parking facilities, and land-based hotels or restaurants.

# MISSOURI GAMING COMMISSION PERSONAL DISCLOSURE FORM 1

PLEASE PRINT OR TYPE THE ANSWERS TO THE  
FOLLOWING QUESTIONS IN THE SPACES PROVIDED

## PERSONAL DATA

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS/POSTAL ADDRESS:  
NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)  
NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

PRESENT BUSINESS ADDRESS:  
NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER) CURRENT BUSINESS TELEPHONE NO. AT PLACE OF EMPLOYMENT: (AREA CODE) (NUMBER) (EXTENSION) FAX NUMBER: (AREA CODE) (NUMBER)

DATE OF BIRTH: (MO)(DAY)(YEAR) SOCIAL SECURITY NUMBER:

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

SEX	COLOR OF EYES	COLOR OF HAIR	HEIGHT ____FT ____IN/ ____CM	WEIGHT ____LBS/ ____KG
-----	---------------	---------------	---------------------------------	---------------------------

DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.

Initials \_\_\_\_\_ Date \_\_\_\_\_

Please indicate below the type of license for which this form is submitted.

Company Name: \_\_\_\_\_

☐ Key Person

Title: \_\_\_\_\_

☐ Occupational License, Level 1

I am:

☐ Assistant General Manager

☐ Audit manager

☐ Casino manager

☐ Chief of Security

☐ Electronic data processing manager

☐ Slot department manager

☐ Surveillance manager

☐ Other (specify): \_\_\_\_\_

Initials \_\_\_\_\_

Date \_\_\_\_\_

# IMPORTANT

**FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION AND/OR CRIMINAL CHARGES BEING FILED AGAINST YOU. ANY STATEMENT THAT IS NOT TRUE OR NOT DISCLOSED WHICH BECOMES KNOWN AT ANY LATER DATE IS CAUSE FOR REVOCATION OF YOUR OCCUPATIONAL GAMING LICENSE.**

**AFFIX A COLOR  
PHOTOGRAPH  
HERE THAT WAS TAKEN  
WITHIN  
THE PAST SIX MONTHS.**

**PRINT YOUR NAME ON THE  
FRONT BOTTOM BORDER OF  
THE PHOTOGRAPH BEFORE  
ATTACHING IT.**

**AFFIX A COPY OF YOUR  
DRIVER'S LICENSE**

Initials \_\_\_\_\_ Date \_\_\_\_\_

1. Of what country are you a citizen? \_\_\_\_\_

A. Please indicate: **(Please provide a copy of your birth certificate)**

1. Date of birth: \_\_\_\_\_  
DAY MONTH YEAR

2. Place of birth: \_\_\_\_\_  
CITY/TOWN STATE/PROVINCE COUNTY

3. Country of birth: \_\_\_\_\_

B. If you are not a citizen of the United States:

(1) List the port of entry into the United States: \_\_\_\_\_

(2) Name and address of sponsor upon arrival: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

C. If you are a naturalized citizen, provide the following information:

(1) Petition Number: \_\_\_\_\_

(2) Date Citizenship Granted: \_\_\_\_\_

(3) Court: \_\_\_\_\_

(4) City/State of Court: \_\_\_\_\_

(5) Certificate Number: \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

2. Have you ever been issued a passport?

Yes ☐

No ☐

If yes, provide the following information about your passport(s):  
**(Please provide a copy of the entire passport)**

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

Initials \_\_\_\_\_

Date \_\_\_\_\_

**RESIDENCE DATA**

3. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) since the age of 18.

DATES		ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, COUNTY/PARISH, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD/MANAGER OR MORTGAGE/BOND HOLDER, IF KNOWN
FROM: (MO/YR)	TO: (MO/YR)			

Initials \_\_\_\_\_

Date \_\_\_\_\_

## FAMILY/SOCIAL DATA

4. What is your current marital status:    Single ☐    Married ☐    Legally Separated ☐    Divorced ☐    Widow/Widower ☐    Engaged ☐

How many times have you been married? \_\_\_\_\_

### A. CURRENT MARRIAGE

Provide the information below regarding your current marriage and spouse:

**(Provide a copy of your Marriage license)**

Date of Marriage: \_\_\_\_\_ Where Married: \_\_\_\_\_  
CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

Name of Spouse: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

FIRST MIDDLE LAST/MAIDEN

Date of Birth: \_\_\_\_\_  
DAY MONTH YEAR

Place of Birth: \_\_\_\_\_  
CITY/TOWN STATE/PROVINCE COUNTRY

Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

STREET CITY/TOWN COUNTY/PARISH STATE/PROVINCE ZIP/POSTAL CODE AREA CODE NUMBER

Spouse's Social Security Number:\_\_\_\_\_ Spouse's Driver's License Number & State Issuing:\_\_\_\_\_

## B. PREVIOUS MARRIAGES

Provide the information below regarding your previous marriages:

(Do **NOT** include current spouse.)

**(Provide all documentation pertaining to Divorce decree)**

NAME OF FORMER SPOUSE(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE AND PLACE OF MARRIAGE	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET/CASE # OF DIVORCE ACTION	PRESENT ADDRESSES OF FORMER SPOUSE(S) (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)

Initials \_\_\_\_\_ Date \_\_\_\_\_

5. a. In the chart below, list the names of all your children, step-children and adopted children and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

NAME	DATE OF BIRTH	BIRTH PLACE	ADDRESS (NO., STREET, APT., CITY, COUNTY, STATE, COUNTRY, ZIP CODE)	AMT. OF SUPPORT (IF A DEPENDENT)

5. b. Please mark the appropriate response regarding your child support obligations:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 5a. above); or
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:  
**(Provide copy of Child support order or dissolution ordering support)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

6. List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, former parents-in-law<sup>\*</sup>, or legal guardians, living or deceased. If retired or deceased, list last address and occupation:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Father:				
Mother:				
Father-in-law:				
Mother-in-law:				
Former Parents-in-law*:				

\* For former parents-in-law only provide names.

Initials \_\_\_\_\_ Date \_\_\_\_\_

7. List names, dates of birth, home addresses and phone numbers, and the most recent occupations of brothers and sisters and of their respective spouses:

NAME (INCLUDE MAIDEN)	DATE OF BIRTH	ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	PHONE NUMBER	OCCUPATION
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				
Sibling:				
Spouse:				

Initials \_\_\_\_\_ Date \_\_\_\_\_

### MILITARY SERVICE DATA

8. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?

Yes ☐ No ☐

If yes, provide the following information:

Country of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Service Serial #: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_

Period(s) of Active Service: From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

9. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation: \_\_\_\_\_

Type of discharge(s): \_\_\_\_\_

Attach a copy of your military records\* labeled as Exhibit 9M. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records\* labeled as an Exhibit 9M. If in reserves, please attach a copy of your discharge papers.

10. Have you ever been tried by military court martial or have you had charges\*\* filed against you?

Yes ☐ No ☐

If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE

\*In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

\*\* Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction.

In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

Initials \_\_\_\_\_

Date \_\_\_\_\_

EDUCATIONAL DATA

11. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended.  
**(Provide a certified copy of your college transcripts)**

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				

**OFFICES AND POSITIONS**

12. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) that you have held or currently hold with any firm, corporation, association, partnership or other business entity. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

12. (Cont.)

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER BUSINESS ENTITY	COMPENSATION RECEIVED
FROM: (MO/YR)	TO: (MO/YR)			

13. List all government positions and offices, whether salaried or unsalaried, you have held or currently hold. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM: (MO/YR)	TO: (MO/YR)		

Initials \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYMENT AND LICENSING DATA

14. Have you ever been employed by a casino or gaming/gambling related company\* in any jurisdiction? Yes ☐ No ☐

\*Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

NAME OF GAMING/GAMBLING GAMING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)	DATES		TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM (MO/YR)	TO (MO/YR)			

15. Beginning with your present job and working backwards, provide the requested information regarding your employment from the age of 18 in the chart below. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

Initials \_\_\_\_\_ Date \_\_\_\_\_

15. (Cont.)

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

*If additional space is needed, please provide an attachment.*

Initials \_\_\_\_\_ Date \_\_\_\_\_

16. With regard to the previously listed employment:

- a. Were you ever discharged, suspended or asked to resign from employment?

Yes ☐

No ☐
- b. During the last twenty year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action?

Yes ☐

No ☐

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

17. List any and all compensated employment, of whatever nature, held by your spouse during the past thirty-six (36) month period. Begin with your spouse's current employer.

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	TITLE/ POSITION HELD
FROM: (MO/YR)	TO: (MO/YR)		

18. To the best of your knowledge, have you or has your spouse served as a trustee or other fiduciary officer in any capacity during the last thirty-six (36) month period?

Yes ☐ No ☐

If yes, complete the following chart:

DATES		CAPACITY	NATURE OF TRUST OR OTHER FUND	INCOME RECEIVED	FOR WHOM HELD
FROM: (MO/YR)	TO: (MO/YR)				

Initials \_\_\_\_\_ Date \_\_\_\_\_

19. a. Have you or your spouse ever sought and been denied a position as a trustee or other fiduciary officer? Yes ☐ No ☐
- b. Have you or your spouse ever been suspended or removed from a position as a trustee or other fiduciary officer? Yes ☐ No ☐

If yes to either question, complete the following chart:

DATE	CAPACITY	NATURE OF TRUST OR OTHER OFFICE	REASON FOR DENIAL, SUSPENSION OR REMOVAL

20. Have you or has your spouse ever made application for, or held, any **NON-GAMING** professional or occupational license, permit or certification, in any jurisdiction, including but not limited to the following: real estate broker or salesman, accountant, attorney, medical, boxing promoter, manager or matchmaker, race horse owner, trainer or manager, jockey, race dog owner, securities dealer, contractor, pilot, insurance, or any other type of professional license. (Do not include alcoholic beverage or driver's license). You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn or is currently pending.

Yes ☐ No ☐

If yes, complete the following chart:

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION
		FROM: (MO/YR)	TO: (MO/YR)		

Initials \_\_\_\_\_ Date \_\_\_\_\_

21. Have any of the licenses, permits or certifications applied for, or held by you or your spouse, as identified in the previous question ever been denied, suspended, revoked or subject to any conditions or any other disciplinary proceedings in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart as to each denial, suspension, revocation, conditions or disciplinary proceedings:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION	DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION	REASON(S) FOR DENIAL SUSPENSION OR REVOCATION

22. Has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?

Yes ☐ No ☐

If yes, complete the following chart as to each denial, suspension or revocation:

NAME OF ENTITY	POSITION HELD BY YOU OR YOUR SPOUSE	TYPE OF LICENSE, PERMIT OR CERTIFICATE	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION TAKING ACTION	DATE OF ACTION	REASON(S) FOR ACTION

Initials \_\_\_\_\_ Date \_\_\_\_\_

23. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 5% or more since the age of 18 (Do **not** include publicly traded corporations in which you owned stock.)

DATES		NAME(S) & ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNERS	ADDRESS(ES) OF OTHER OWNERS	STATE/PROVINCE AND COUNTRY OF ORGANIZATION OR INCORPORATION
FROM: (MO/YR)	TO: (MO/YR)						

24. Have you or has your spouse ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.

Yes ☐ No ☐

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

25. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you or your spouse ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

Yes ☐ No ☐

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY OR COMMISSION	DATE OF APPEARANCE(S)	NATURE OF HEARING	WAS TESTIMONY GIVEN?

26. To the best of your knowledge, since the age of 18, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding of suitability, or qualification in connection with any form or type of a casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.), or alcoholic beverage operation? (Do not include publicly traded corporations or entities in which you held less than 1% of the stock.)

Yes ☐ No ☐

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	NATURE OF YOUR INTEREST	DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY TO WHICH APPLICATION WAS MADE	TYPE OF LICENSE APPLIED FOR	DISPOSITION OF APPLICATION

Initials \_\_\_\_\_ Date \_\_\_\_\_

27. a. Are any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) associated with or employed in any form or type of casino or gaming/gambling related operation as defined in question 26 in any jurisdiction?

Yes ☐ No ☐

b. Do you or any members of your family (spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship) have an ownership interest in any alcoholic beverage entity in any jurisdiction?

Yes ☐ No ☐

If yes to either question, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NAME OF GAMING/GAMBLING OR ALCOHOLIC BEVERAGE BUSINESS AND ADDRESS	BUSINESS TELEPHONE

Initials \_\_\_\_\_ Date \_\_\_\_\_

## CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" means any indictment, complaint, information, summons, ticket, or other notice of the alleged commission of any "offense."
- C. "Offense" means all felonies, crimes, misdemeanors, municipal ordinance violations, military court-martials, and violations of probation or other court order. An "offense" does not include traffic or parking violations, except for driving while revoked/suspended, alcohol/drug-related traffic violations, and leaving the scene of an accident.

INSTRUCTIONS:

1. Answer "YES" and provide all information to the best of your ability EVEN IF:
  - A. You did not commit the offense charged;
  - B. The charges were dismissed or subsequently downgraded to a lesser charge;
  - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
  - D. You were not convicted;
  - E. You did not serve any time in prison or jail;
  - F. The charges or offenses happened a long time ago.
  - G. If any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency; or
  - H. You have an SIS (Suspended imposition of sentence) conviction.
  - I. Pursuant to 313.004 RSMo, Missouri Gaming Commission has access to both open and closed records. When in doubt about disclosure of closed records, seek legal counsel.

### **IMPORTANT**

**Missouri Gaming Commission investigators will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.**

***Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity, and may result in denial of your application and/or criminal charges being filed against you***

Initials \_\_\_\_\_ Date \_\_\_\_\_

28. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

**(Provide a copy of all documentation criminal cases)**

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

Initials \_\_\_\_\_

Date \_\_\_\_\_

29. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE

30. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Yes ☐ No ☐

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

31. a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, board, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons?

Yes ☐ No ☐

b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing?

Yes ☐ No ☐

If yes to either question, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

32. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense?

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERRAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL SUSPENSION OR DEFERRAL

Initials \_\_\_\_\_ Date \_\_\_\_\_

33. Has your spouse or any of your children, step-children or adopted children ever been arrested or charged with any crime or offense (as defined at the beginning of this section) in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME & ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

34. Have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.)

**(Please provide a copy of all documentation in any of the above matters)**

Yes ☐ No ☐

If yes, complete the following chart:

MONTH/YEAR FILED	NAME & ADDRESS OF COURT	DOCKET/CASE NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

Initials \_\_\_\_\_ Date \_\_\_\_\_

35. Has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☐

If yes, complete the following chart:

NAME OF ENTITY	TYPE OF ENTITY	APPROXIMATE DATE(S) OF LAWSUIT/ARBITRATION/BANKRUPTCY	WHERE ACTION FILED (CITY/TOWN, STATE/PROVINCE, COUNTY)

36. Other than a criminal, disorderly person, petty disorderly person, or motor vehicle violation, have you ever been cited for, charged with, formally accused of, or signed a consent order relating to any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal, or national government?

Yes ☐ No ☐

If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION

37. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check “YES” even if the disbarment or exclusion is no longer in effect or has been lifted.)

Yes ☐ No ☐

If yes, complete the following chart:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

**VEHICLE OPERATOR DATA**

38. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

MONTH/YEAR LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

Initials \_\_\_\_\_ Date \_\_\_\_\_

Have any individual, local, city, county, provincial, state, Federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NATURE OF LIEN/DEBT	WHEN FILED	WHERE FILED	CURRENT STATUS

40. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

41. Has any business entity in which you held a 5% or greater ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes ☐ No ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

42. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?

Yes ☐ No ☐

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

43. Have your wages, earnings, or other income of any type ever been subject to garnishment, attachment, charging order, voluntary wage execution or the like?

Yes ☐ No ☐

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

44. Have you ever had any real or personal property repossessed by a finance company in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

45. Have you ever been:

- a. An executor(trix), administrator or other fiduciary of any estate;
- b. A beneficiary or legatee under a will or received any thing of value under an intestacy statute; or
- c. A settlor/grantor, beneficiary or trustee of any trust?

Yes ☐ No ☐

If yes, complete the following chart as to each estate and trust:

NAME AND LOCATION OF ESTATE/TRUST	POSITION/ INTEREST HELD	DATE(S) ON WHICH POSITIONS WERE HELD OR INTEREST WAS RECEIVED	AMOUNT OF COMPENSATION OR NATURE AND VALUE OF BENEFIT GRANTED/RECEIVED

46. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to question 45).

Yes ☐ No ☐

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAMES OF OTHER(S) WITH INTERESTS IN TRUST

47. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to question 45). Under “Description of Trust”, describe, in detail, the assets or liabilities, your duties and responsibilities concerning the trust, and the beneficial owner.

Yes ☐ No ☐

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAMES OF OTHER(S) WITH INTEREST IN TRUST

48. a. Please state your country of residence \_\_\_\_\_
- b. Have you ever had any right of ownership in, control over or interest in any bank account(s), that are located outside the country of residence identified in a. above?

Yes ☐ No ☐

If yes, complete the following chart:

DATES		NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/ AMOUNT HELD BEFORE CLOSING
FROM: (MO/YR)	TO: (MO/YR)				

Initials \_\_\_\_\_ Date \_\_\_\_\_

- c. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in  
a. above (excluding any foreign bank accounts identified in b. above)?

Yes ☐ No ☐

If yes, complete the following chart:

DESCRIPTION OF ASSET/LIABILITY (TO INCLUDE VALUE OR AMOUNT)	LOCATION OF ASSET/LIABILITY

49. During the past five (5) year period, have you or has your spouse or any of your children, while dependent, received a loan?  
(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent to \$25,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes ☐ No ☐

If yes, complete the following chart:

DATE RECEIVED LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN

Initials \_\_\_\_\_ Date \_\_\_\_\_

50. During the past five (5) year period, have you or has your spouse or any of your children, while dependent, made any loans?  
 (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER	ALL CO-PARTIES TO LOAN	NAME OF LENDER	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	TERMINATION DATE OF LOAN	SECURITY PLEDGED

51. During the past five (5) year period, have you exchanged currency individually or for another person? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes ☐ No ☐

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT?

52. Do you maintain a brokerage or margin account with any securities or commodities dealer?

Yes ☐ No ☐

If yes, complete the following chart:

TYPE OF ACCOUNT	NAME AND ADDRESS OF DEALER	AMOUNT OF MARGIN

53. During the past five (5) year period, have you or has your spouse or children, while dependent, filed any claims under any fire, theft, automobile or insurance policy? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$100,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

54. During the last five year period, have you, your spouse or dependent children given or received any gift or gifts, whether tangible or intangible? (If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD in the national currency of the jurisdiction where you will be filing this application.)

Yes ☐ No ☐

If yes, complete the following chart as to each gift:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

55. a. Do you have any safe deposit boxes in your name in any jurisdiction? Yes ☐ No ☐

b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction? Yes ☐ No ☐

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION/BUSINESS WHERE LOCATED	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

56. In the past five (5) year period have you received any referral or finder's fee?  
(If you are applying in a jurisdiction other than the United States, the amount you are required to report is the equivalent of \$10,000USD, in the national currency of the jurisdiction where you will be filing this application.)

Yes ☐ No ☐

If yes, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

57. During the past five (5) year period, have you given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction?

Yes ☐ No ☐

If yes, complete the following chart:

NATURE OF OBLIGATION (PERSONAL GUARANTEE, ETC.)	DATE OBLIGATION MADE	NAME(S) OF PERSON RESPONSIBLE FOR OBLIGATION	STATUS OF UNDERLYING OBLIGATION

58. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

## REFERENCE ONE

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
 How long have you known the reference?  
 \_\_\_\_\_

## REFERENCE TWO

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
 How long have you known the reference?  
 \_\_\_\_\_

## REFERENCE THREE

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
 How long have you known the reference?  
 \_\_\_\_\_

59. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must use blue ink to personally initial your application at the bottom of any new page added.**

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS**

**USE ADDITIONAL PAGES IF NECESSARY**

Initials \_\_\_\_\_ Date \_\_\_\_\_

## VERIFICATION

STATE/PROVINCE OF \_\_\_\_\_:

SS:

COUNTY/PARISH/DISTRICT OF \_\_\_\_\_:

\_\_\_\_\_, being duly sworn according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this Missouri Gaming Commission Personal Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true, complete and accurate to the best of my knowledge. I am aware that if any of the foregoing statements made by me are knowingly false, I am subject to criminal charges.

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**(Notarial Seal)**

My commission expires: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

## INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

To: \_\_\_\_\_

From: \_\_\_\_\_  
*(Applicant's Name)*

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed officer of the Missouri Highway Patrol or financial investigator with the Missouri Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed officer of the Missouri Highway Patrol or financial investigator with the Missouri Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed officer of the Missouri Highway Patrol or financial investigator with the Missouri Gaming Commission shall be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes cosigned by me, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger folio sheets.

I hereby authorize disclosure of all financial records pertaining to my relationship with any financial institution pursuant to the Missouri Right to Financial Privacy Act, sections 408.675 to 408.700, RSMo, for twenty-four (24) months from the date of execution or at the termination of all licenses issued to me by the Missouri Gaming Commission, whichever occurs later. I understand that I may revoke this authorization at any time before the financial records are disclosed. I authorize disclosure of the financial records identified above to the Missouri Highway Patrol and/or Missouri Gaming Commission for the purpose of evaluating my application for a gaming license, and acknowledge that said agencies have complied with and afforded all applicable rights under Sections 408.675 to 408.70, RSMo.

4. I do hereby make, constitute and appoint any duly appointed officer of the Missouri Highway Patrol or financial investigator with the Missouri Gaming Commission my true and lawful attorney-in-fact, for me in my name, place, stead, and on my behalf and for my use and benefit:

- (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might;
- (b) To name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request; and
- (c) To place the name of the Missouri Highway Patrol officer or Missouri Gaming Commission financial investigator presenting this request in the appropriate location on this request.

5. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s) shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

6. This power of attorney ends twenty-four (24) months from the date of execution or at the termination of all licenses issued to the applicant/me by the Missouri Gaming Commission, whichever occurs later.

Initials \_\_\_\_\_ Date \_\_\_\_\_

7. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release remise, and forever discharge the person or entity to whom this request is presented, and his/her/its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person or entity to whom this request is presented or his/her/its agents or employees arising out of or by reason of complying with this request.

8. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his/her/its agents and employees from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

9. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**(Notarial Seal)**

My commission expires: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

\_\_\_\_\_  
(Signature of Highway Patrol officer/Missouri Gaming  
Commission financial investigator presenting this request)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**(Notarial Seal)**

My commission expires: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

# **TAX INFORMATION AUTHORIZATION**

**I HEREBY AUTHORIZE THE INTERNAL REVENUE SERVICE TO FURNISH TO:**

**MISSOURI GAMING COMMISSION  
P.O. BOX 1847  
JEFFERSON CITY, MISSOURI 65102**

**Copies of, or information pertaining to, my individual income tax returns and  
return information for tax years \_\_\_\_\_ through and including \_\_\_\_\_:**

**Applicant's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Position:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Treasury regulations require this consent to be received by the Internal Revenue  
Service within 60 days of the date signed.**

Initials \_\_\_\_\_ Date \_\_\_\_\_

**MISSOURI DEPARTMENT OF REVENUE  
AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, born at  
(city)\_\_\_\_\_, (county)\_\_\_\_\_,  
(state)\_\_\_\_\_, on (date)\_\_\_\_\_, and now residing at  
(street)\_\_\_\_\_, (city, state & zip)\_\_\_\_\_, hereby  
consent to the release of information to the Missouri Gaming Commission as follows:

I authorize and request that every person, firm, company, corporation, government agent, law enforcement agency, court, association, or institution having control of any document, records or other information pertaining to me, furnish to the Missouri Gaming Commission any such information, including a credit report or documents, records, and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data, and to permit the Missouri Gaming Commission or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Missouri Gaming Commission. This tax information may include, but is not limited to, individual income tax, sales tax, use tax, withholding tax, or any other tax that is administered or collected by the Department of Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to authorized disclosures of confidential tax information resulting from release of information covered by Section 32.057 RSMo, under this document.

I, along with my spouse (name)\_\_\_\_\_, hereby release, discharge, and exonerate the Missouri Gaming Commission, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Spouse's Social Security Number

Initials \_\_\_\_\_ Date \_\_\_\_\_

# **PUBLIC DISCLOSURE SECTION** **INDIVIDUAL OCCUPATIONAL LICENSE APPLICANTS AND LICENSEES**

Instructions: All applicants for licensure and all licensees are required to fully and completely supply all information concerning the applicant or licensee, his/her/its products, service or gambling enterprises and his/her/its business holdings requested by this form even though much of the information requested may have been previously disclosed in the application. Where the answer may be derived or ascertained from the business records of the applicant or licensee, the applicant or licensee may attach such records as exhibits and reference the exhibits in the corresponding answer. This form will be used by the Missouri Gaming Commission to comply with the provisions of the gaming law requiring public disclosure of this information to any person upon request. Each applicant and licensee has a continuing obligation to update and supplement the information contained in this form. Portions of the form may not apply to each applicant and licensee; however, each applicant and licensee is instructed to complete all sections of the form that apply. ***Submit the original and three (3) copies of your responses together with the public disclosure verification as a separate attachment to the Application for the following requests:***

1. State the name, business address and business telephone number of the applicant or licensee.

---

---

---

2. State the name of the gaming company you are applying for or are employed with.

---

---

---

3. What position are you applying for or do you hold with this gaming company.

---

---

---

4. State whether the applicant or licensee has been indicted, convicted, pleaded guilty or nolo contendere, or forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or misdemeanor, except for traffic violations. If so, include the date, the name and location of the court, arresting agency and prosecuting agency, the case number, the offense, the disposition and the location and length of incarceration.

---

---

---

5. State whether the applicant or licensee has had any license or certificate issued by a licensing authority in this state or any jurisdiction denied, restricted, suspended, revoked or not renewed and a statement describing the facts and circumstances concerning the denial, restriction, suspension, revocation or non-renewal, including the licensing authority, the date each action was taken and the reason for each such action.

---

---

---

6. State whether the applicant or licensee has ever filed or had filed against it a proceeding in a bankruptcy or has ever been involved in any formal process to adjust, defer, suspend or otherwise work out the payment of any debt including the date of filing, the name and location of the court, the case and number of the disposition.

---

---

---

Initials \_\_\_\_\_ Date \_\_\_\_\_

7. State whether the applicant or licensee has filed, or been served with a complaint or other notice filed with any public body, regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state or local law, including the amount, type of tax, the taxing agency and the time periods involved.

---

---

---

8. State whether the applicant or licensee has made, directly or indirectly, any political contribution, or any loans, donations or other payments of one hundred dollars (\$100) or more, to any candidate or office holder, within five (5) years from the date of filing this application form, update or supplement. Specify to whom the payment was made, the amount of the payment and method of payment.

---

---

---

9. State the name, business address, and business telephone number of the legal counsel, if any, representing the applicant or licensee in matters before the commission.

---

---

---

10. List the name of any business in which the applicant or licensee, or the applicant's or licensee's spouse or children, have an equity (ownership) interest, including, if applicable, the state of incorporation or registration of the business. (Do not include the names of any mutual funds owned by the licensee).

---

---

---

11. List the names and titles of all public officials, officers of any unit of government, and relatives of such public officials or officers who, directly or indirectly, are the creditors of or have any interest in any contractual or service relationship with the applicant or licensee.

---

---

---

# PUBLIC DISCLOSURE VERIFICATION

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn upon oath or affirmation, depose and state:

1. I am the applicant or licensee submitting this Public Disclosure Section;
2. I personally supplied the information contained in this form;
3. I swear (or affirm) that the information contained in this form is true, complete and accurate to the best of my knowledge and belief;
4. I understand and agree that the Public Disclosure Form will be provided to any member of the public who requests this information from the Missouri Gaming Commission. I further understand my continuing obligations to update and supplement this form if any of the information provided changes; and
5. I swear (or affirm) that I have read and agree to abide by the terms of the Riverboat Gaming Act and any rule promulgated by the commission, including any emergency rules and proposed rules.

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**(Notarial Seal)**

My commission expires: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_